· 2000 UNIFORM BUSINESS RESERVE (UBR

7/19/00-90099-001-\$300.00-\$300.00

- ZUUŲ UNIFURM BUS	IIIEGO DEIM		IODI	<u>", </u>	_	
DOCUMENT # V06130		_				
FLORIDA USED KAR KING, INC.	ŀ	2			FILED	
Principal Place of Business	Mailing Address			—	00 AUG 21 PM 1:18	
110 CROTON PLACE 13046 B2ND LN N						
US	W PALM BCH FL 33412 US				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business	3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State	City & State				4. FEI Number 65-0306240 Applied For Not-Applicate	
Zip Country	Zip	Coun	try		5. Certificate of Status Desired S8.75 Additional Fee Required	
8. Name and Address of Current I	Registered Agent		Name		7. Name and Address of New Registered Agent	
MENNELLA, JANET			Street Address (P.O. Box Number is Not Acceptable)			
3705 SHARES PLACE RIVIERA BEACH FL 33404						
			City	ost	PalmBeach FL Zip Code 12	
8. The above named entity submits this statement or	the purpose of changing its	registere	ed office or	registere		
SIGNATURE Signature - Violat or printed name of filostered Agent a	arella				7/11/00	
Signature should or printed name of registered agent at 9. This corporation by eligible to satisfy its Intangible					when reinstating) DATE	
Tax filing regluirement and elects to do so. (See criteria on back)	After SEPTEMBER 13	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750. Make Check Payable to Department of State				
11. OFFICERS AND I		12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MENNELLA, JANET	Delete	TITLE	ľ		Change Addition	
STREET ADDRESS 3705 SHARES PLACE CITY-ST-ZIP RIVIERA BEACH FL 33404	V.		ET ADORESS -ST-ZIP			
ITTLE	Delete	TITLE		Pu	☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME	ET ADDRESS	Hei	len MennellA 46 8and Cone North est Paux Boch, FL 33412	
CITY-ST-ZIP			ST-ZIP	1904	231 PALMA Boch FL 33412	
TITLE NAME	☐ Delete	TITLE NAME			3000033859235	
STREET ADDRESS		STREE	T ADDRESS		-09/08/0001001030	
CITY-ST-ZIP	Delete	TITLE	ST-ZIP		****800.00 ****250.00	
NAME	_ Desete	NAME				
STREET ADDRESS CITY-ST-ZIP			T ADDRESS ST-ZIP			
TITLE NAME	☐ Delsta	TITLE			, Change Additio	
STREET ADDRESS CITY-ST-ZIP		STREE	T ADDRESS ST-ZIP		LS	
ппье	☐ Delete	TITLE			. Change Addition	
NAME STREET ADDRESS			T ADDRESS			
CITY-ST-ZIP 13. I hereby certify that the information supplied with the information supplied wi	his filing does not qualify for	CITY-: the exem	notion state	d in Secti	ction 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated on this report or supplemental report is t	rue and accurate and that my vered to execute this report a	v sionatu	ire shall hav	ve the sar	ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 If	
SIGNATURE:	Dennella		CELCI	tac) innel	11A 7/11/00 51-1-322-311/-	
SIGNATURE: SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR USIN USIN DEVIATE Phone !						